



**TO:** NH Medicaid Providers  
**FROM:** Kathleen Dunn, RN, MPH - Associate Commissioner, Medicaid Director  
**RE:** Regular Update 2: MCM 101

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**Background** **In State Fiscal Year 2011, the legislature enacted a law requiring the DHHS to employ a managed care model for administering the New Hampshire Medicaid program.**

Medicaid is a safety net of health-related services for people who meet certain income and eligibility requirements. The program provides health care services and other supports to pregnant women, children and individuals who are elderly and disabled. NH Medicaid provided all or part of the health care costs of approximately 130,000 people in 2012.

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**Medicaid Care Management** **NH Medicaid is undergoing a transition from the current Fee-for-Service (FFS) model to a managed care model. This initiative is called Medicaid Care Management (MCM).**

This communication will give you an overview about the upcoming changes to the NH Medicaid Care Management program and how the new program will be different than it is today. Future communications will provide you with more information and details on how Care Management will affect you and your clients.

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**MCOs and Health Plans** **Managed Care Organizations (MCOs) are companies that contract with doctors, nurses and other providers who work together to provide members' health care.**

NH Medicaid refers to the business entities in the Care Management program as "Health Plans." A Health Plan is offered by a private company that contracts with Medicaid to provide covered services to Medicaid recipients who enroll with that plan.

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**The 3 Health Plans** **The Department of Health and Human Services (DHHS) has contracted with three Health Plans.**

The three MCOs (Health Plans) are:

- New Hampshire Healthy Families
- Meridian Health Plan of New Hampshire
- Well Sense Health Plan

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**Member Participation** **Most Medicaid recipients will select and enroll in a health plan for coverage of their medical services.**

Most Medicaid recipients (with some exceptions) will choose the health plan that offers the best selection of providers that meets their needs for coverage of their medical services. The degree to which your clients will have continuity of care and choice will depend on whether their provider is enrolled in the plan they choose. To ensure that your Medicaid clients have continuity of care and choice, you are encouraged to enroll with all 3 MCOs health plans.

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**Medicaid Recipient Communication**

Medicaid recipients are receiving letters in the mail alerting them to the MCM program. This “heads up” letter alerts clients that MCM enrollment will begin mid-September and to watch their mail for information on how to enroll. A copy of the letter is available on the MCM webpage. Stay tuned to the MCM webpage for more updates and copies of the communication being sent to your clients.

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**Reimbursement Changes**

**On December 1, 2013, the MCM program start date, DHHS is precluded by federal law from paying Fee-for-Service (FFS) rates to providers who serve clients enrolled in Care Management.**

Providers who are enrolled in a member’s health plan will receive payment directly from the Managed Care Organization. Providers must enroll with an MCO(s) in order to continue seeing Medicaid clients and to be reimbursed. The Health Enterprise Medicaid Management Information Systems (MMIS) will not pay claims for health plan covered services rendered to a member of an MCO.

Not all Medicaid services will be covered by the MCM program at this time. Long-term care and waiver services, specialized services offered by the Division of Children, Youth and Families (DCYF), and dental services will continue to be covered by the FFS plan – even when the member is enrolled in a health plan.

In addition to changes in how you will bill and be reimbursed for services delivered to NH Medicaid recipients, you will also need to follow instructions for these other processes for **each individual health plan:**

- Prior Authorizations
  - Referrals
  - Appeals
  - Non-Emergent Transportation
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**Provider Enrollment with Health Plans**

**DHHS encourages each provider to enroll with all three MCOs.**

Enrolling with each managed care organization will ensure the continuity of care for your clients and that each Health Plan can offer a choice to Medicaid recipients with a robust provider network. Please use the contact information provided below to enroll. Use the *NH Medicaid Care Management Program Health Plan Contacts and Resource Guide* available on the MCM webpage to find contacts for MCO Provider Relations and DHHS.

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**Upcoming News**

**The next Regular Update is scheduled to be released on August 26th.**

This communication is called “The Medicaid Recipient’s Transition to a Health Plan Member.” This update provides information on Medicaid recipients’ participation status, Health Plan selection, circumstances where recipients will continue coverage under the NH Medicaid Fee-for-Service (FFS) program and their Health Plan member experience.

Watch your e-mail or check the DHHS MCM webpage for further information on Open Enrollment and when your clients will be receiving more information on how to enroll.

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**Upcoming  
Events**

**DHHS is partnering with the University of New Hampshire to offer a series of MCM trainings. The first of the training sessions , titled “How to Assist Your Clients: Navigating MCM Open Enrollment” is scheduled twice occur twice prior to MCM Open Enrollment:**

**Wednesday, September 11, 2013 and Thursday September 12, 2013 from 9:30am to 11:30am** at the Auditorium in the State Office Complex, Brown Building in Concord NH.

Two additional trainings will be offered October 8 and 9, which is approximately one week after MCM Open Enrollment begins.

Training space is limited so please share this information with your front line staff and visit [https://www.events.unh.edu/RegistrationForm.pm?event\\_id=15461](https://www.events.unh.edu/RegistrationForm.pm?event_id=15461) to make your reservation.

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